

# Incident Management Frequently Asked Questions (FAQ) – Version 1

## ODP Announcement 21-043

### AUDIENCE:

All interested stakeholders

### PURPOSE:

With the March 1, 2021 release of the Incident Management (IM) Bulletin 00-21-02, the Office of Developmental Programs (ODP) has received multiple questions from stakeholders through email, conversations, dialogue during trainings, and phone calls. A FAQ was developed to answer some of the questions received.

Please note: ODP expects stakeholders who have the responsibility of implementing IM processes, to use this time to get familiar with the Incident Management Bulletin as the effective date is approaching on July 1, 2021. Please visit the following webpage that includes the IM Bulletin, information, and training:

<https://www.myodp.org/course/index.php?categoryid=220>

### DISCUSSION:

The questions received from stakeholders have been collected, reviewed, and organized. The questions then were compiled into the FAQ document that is seen below, starting on page 2. This FAQ does not contain all questions received; ODP chose questions that were asked frequently by multiple stakeholders. ODP expects to continue to receive questions based on the IM Bulletin, therefore, this document will be updated on a routine basis. Stakeholders will be notified when there are additions added to this FAQ.

For questions, please contact your ODP Regional Office or send them to [RA-impolicy@pa.gov](mailto:RA-impolicy@pa.gov)

# FAQ INCIDENT MANAGEMENT (IM) BULLETIN 00-21-02

## VERSION 1

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### General Incident Management Bulletin Questions

QUESTION	ANSWER
<b>Q1. Why does the IM Bulletin not include Intermediate Care Facilities (ICF)?</b>	As you will read in the scope on page 1 of the bulletin, this was created for providers that are required to follow 55 Pa. Code Chapters 6100, 6400, 6500, 2380, and 2390. A separate IM policy will be released for ICF programs.
<b>Q2. When looking at the 24- and 72-hour reporting timeframe, who does this start with? Does this begin with the point person or any provider staff?</b>	<p>Per page 8 of the Incident Management Bulletin, “The initial incident report is submitted to the Department’s information management system within 24 or 72 hours of discovery, depending on the incident category.”</p> <p>The start of the 24- or 72-hours reporting timeframe begins when a person (initial reporter) becomes aware (discovers) of an incident or suspects that an incident has occurred. From this moment, depending on the incident primary category, the agency has 24 or 72 hours to enter the report into EIM. It is important that the initial reporter notifies their agency point person as soon as possible, as this helps assure that the point person will have ample time to enter the report.</p> <p>Please reference incidents to report during the 24 and 72-hour reporting timeframe in <i>Section VII Reportable Incidents, pages 16-29</i>.</p>

### Data Analysis

<b>Q3. In Section II, it states that if incident management functions are delegated or purchased, monitoring of these functions must occur at least quarterly and results should be available in written format. What should this documentation look like and what specifically should be monitored?</b>	The documentation format is up to the agency; however, the documentation should show the results of the delegated and the detailed monitoring activities that demonstrate that ODP regulations, policy, and procedures were followed. This documentation should also be kept by the agency in the event that ODP requests for the file for review (such as through the Quality Assessment and Improvement (QA&I) process).
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**Q4. In Section II part A, it states that monthly incident data monitoring and three-month trend analysis of incident data should be conducted. What data should be monitored? Is it at the discretion of the organization or are there specific areas that should be addressed?**

In Section XII part B (page 38-39), *Individual Incident Data Monitoring*, and part C, *Provider, SCO Three-Month Trend Analysis*, contains a list of minimum requirements describing what should be completed and documented based on the monitoring of each individual’s incident data.

### Primary and Secondary Categories

#### QUESTION

#### ANSWER

**Q5. How will we track COVID-19 testing with the removal of the primary category ER Visit?**

Beginning July 1, 2021, ODP will be implementing a new primary category of *Illness*, with a secondary category of *COVID*. When this category is available, providers will be able to report and track COVID-19 testing and test results using this category.

The COVID-19 indicators that are currently in EIM on the incident classification pages in the first and final sections and will remain on all incident reports on July 1, 2021. The first and final sections in EIM are:

- Incident involves suspected/confirmed COVID-19 diagnosis
- Incident involves confirmed COVID-19 diagnosis (resulting from a positive test or documentation from a health care practitioner)

Please note, this applies to ID/A, AAW, and ICF providers.

**Q6. In Section VII part B, Verbal does not appear as a secondary category under Abuse. Will everything that would have been under Verbal now fall under the Psychological secondary category?**

Yes. Per page 17 of the Incident Management Bulletin under the section titled *Reportable Incidents*, *Psychological Abuse* is defined as, “An act which causes or may cause mental or emotional anguish by threat...or other verbal or nonverbal conduct...”.

This change was made in the bulletin because research has shown that verbal abuse has long-term psychological effects.

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<p><b>Q7. If an individual was found to have participated in unpaid labor, could it fit into the category of Exploitation?</b></p>	<p>Yes, <i>unpaid labor</i> is a secondary category under the primary category of <i>exploitation</i>. Per page 19 of the Incident Management Bulletin, <i>unpaid labor</i> is defined as, “the illegal or improper act or process of a person who is using an individual to perform unpaid labor that would otherwise be compensated in a manner consistent with labor laws.”</p>
<p><b>Q8. Can you confirm that providers will no longer be required to enter an incident for Fire if there is a false alarm? The new bulletin does not mention false alarms where the old bulletin did mention it specifically as reportable. And what about if someone makes an inappropriate call to 911 and the police respond, does that need to be reported?</b></p>	<p>In accordance with 6100.401(a)(10): “Fire requiring the services of the fire department. This provision does not include false alarms.” You do not need to report an incident for a false alarm. In the bulletin under <i>Reportable Incidents</i>, Fire is described as when fire/safety personnel come out to the home to extinguish a fire or clear smoke from the premises. Therefore, if it is truly a false alarm, it does not need to be reported.</p>
<p><b>Q9. What is the difference between the primary categories Serious Illness and Serious Injury?</b></p>	<p>The primary categories of <i>Serious Illness</i> and <i>Serious Injury</i> have similarities but also differences regarding hospitalizations, which requires an admission to the facility:</p> <ul style="list-style-type: none"><li>• Incidents of <i>Serious Illness</i> (primary category) are required to be reported when an individual is <b>admitted</b> to a hospital for an <i>acute</i> or <i>chronic illness</i> (secondary categories).</li><li>• Incidents of <i>Serious Injury</i> are required to be reported when an individual receives treatment beyond first aid, regardless of where the treatment was provided.<ul style="list-style-type: none"><li>○ Examples include receiving treatment at an Urgent Care Center, an Emergency Room, a doctor’s office, or following admission to a hospital, etc.</li></ul></li></ul> <p>In other words, if an individual is admitted to a hospital, it always requires reporting. How you report in EIM is based</p>

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	<p>on the event that led to the individual’s admission to the hospital, such as if it was due to an illness or injury.</p> <p>Please reference page 25 for more information on these two primary categories.</p>
<p><b>Q10. What is the difference between the <i>Neglect- Failure to Provide Medication Management</i> and <i>Medication Error- wrong person or wrong dose</i>? How should this be reported?</b></p>	<p><i>Neglect- Failure to Provide Medication Management</i>, found on page 22 of the IM Bulletin, is defined as “An event that may cause harm or lead to inappropriate medication use while the medication is in the control of the person(s) charged with administration”. Incidents of this nature include when harm occurs to the individual, the medication error occurs over more than one consecutive administration or an individual receives medication intended for another individual. Incidents of this type include, but are not limited to, a failure to: Administer medications via the correct route, implement medication changes in a timely manner, and obtain medications from the pharmacy.</p> <p><i>Neglect- Failure to Manage Medications</i> states that the category should be reported when an individual is given another individual’s medication. <i>Medication Error- Wrong Person</i> also contains similar language. A provider must report both <i>Neglect – Failure to Manage Medication</i> and <i>Medication Error- Wrong Person</i> in the event an individual receives another individual’s medication.</p> <p>An additional training regarding medication errors will be released to the field prior to July 1, 2021.</p>
<p><b>Q11. What is the difference between <i>Passive-Neglect</i> and <i>Self-Neglect</i>?</b></p>	<p><i>Passive neglect</i> is due to environmental factors that are out of the control of the unpaid caregiver. An unpaid caregiver could be a family member, a spouse, a friend, someone they live with it, etc. An example could be when an unpaid caregiver has an unexpected health issue and they are unable to provide the care that was typically given to the individual prior, which results in neglect of an</p>

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	<p>individual’s basic needs. Please reference page 23 of the IM Bulletin for information on <i>Passive Neglect</i>.</p> <p><i>Self-neglect</i> is when the individual is neglecting themselves. For example, the individual refuses to take their prescribed diabetes medication while also not following their doctor’s prescribed diet, and knowing that this is not recommended, would be considered self-neglect. Please reference page 24 of the IM Bulletin for more information on <i>Self-Neglect</i>.</p> <p>Please note that both passive and self-neglect are reportable only by Support Coordination Organizations when there is no risk-mitigation plan in the ISP.</p>
<p><b>Q12. The previous IM Bulletin defined a restraint as a lasting 30 seconds or more. The new bulletin does not include this. So if someone is walking out into a busy street and staff have to grab them for 2 seconds to make sure they don’t walk out into traffic, that now counts as a restraint?</b></p> <p><b>And upon this possibly happening twice in 6 months, will this individual need a restrictive plan?</b></p>	<p>In the new Incident Management Bulletin, the wording that defined a restraint as a hands-on technique “lasting more than 30 seconds” has been removed. Therefore, a restraint lasting 2 seconds would be considered a restraint. In the hypothetical situation provided, this would need to be filed under <i>Physical Restraint- Provider Emergency Protocol</i>. Although this particular restraint is likely not in this individual’s plan, this would not be filed under <i>Abuse- Misapplication/Unauthorized Use of Restraint</i>, as this was an emergency restraint used to ensure the health safety and welfare of the individual in an emergency situation.</p> <p>If an individual had 2 of these restraints within a 6-month period, it is then time for the team to evaluate this individual’s safety and implement a plan. If the plan is put in place prior to this restraint happening for a third time, the third time would be filed under, <i>Physical Restraint- Human Rights Team Approved Restrictive Intervention</i>. If the plan was not put in place prior to this restraint</p>

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	<p>happening for a third time, the third time would be filed under <i>Abuse- Misapplication/Unauthorized Use of Restraint</i>. Please reference § 6100.349 <i>Emergency use of a physical restraint</i>.</p>
<p><b>Q13. In Section IV part b, it states if the incident involves abuse, suspected abuse, or alleged abuse, the target is separated from the victim. Can you clarify what this means?</b></p>	<p>As referenced in section IV., <i>Incident Management Process Roles</i>, and as stated in 55 Pa. Code 6100.46(b):</p> <p style="padding-left: 40px;">“If there is an incident of abuse, suspected abuse or alleged abuse of an individual involving a staff person, household member, consultant, intern or volunteer, the involved staff person, household member, consultant, intern or volunteer may not have direct contact with an individual until the investigation is concluded and the investigating agency has confirmed that no abuse occurred or that the findings are inconclusive.”</p> <p>This means that the target (person who is alleged to have caused the incident) cannot work directly with the victim or any other individual receiving services during the investigation process until the investigation determination is completed and corrective actions(s) specific to the target are implemented.</p>
<p><b>Department Certified Investigations and Administrative Reviews</b></p>	
<p><b>QUESTION</b></p>	<p><b>ANSWER</b></p>
<p><b>Q14. What specific roles in my organization need to become certified investigators?</b></p>	<p>According to the Bulletin and in §6100.402, all persons who are going to be investigating incidents, must be a Certified Investigator (CI). The agency can decide who they want to become a CI. Additionally, all Incident Management Representatives must become a CI within 12 months of assuming that position.</p> <p>Please note, it is best practice to have more than one CI available at an agency to ensure:</p> <ul style="list-style-type: none"> <li>• that there is no bias with the investigation;</li> </ul>

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	<ul style="list-style-type: none"><li>• that the investigation is completed with speed, objectivity, and thoroughness; and</li><li>• that there is always a CI available (i.e. CI goes on vacation, has other responsibilities, etc.).</li></ul> <p>Please see <i>Section IV Incident Management Process Roles</i> in the IM Bulletin for more information.</p>
<b>Q15. How do I investigate a moving violation?</b>	<p>When investigating a <i>moving violation</i> (secondary category), the CI must utilize the same tools and processes as they would use when investigating all other incidents, such as collecting information to understand how the incident occurred, how staff were trained to avoid such incidents, what is the agency's response, and what corrective actions have been put in place to prevent recurrence.</p> <p>Please reference the <a href="#">CI Manual</a> for more information about investigations.</p>
<b>Q16. How will ODP help to ensure that all additional staff that need to become certified investigators will have the opportunity to do so?</b>	<p>ODP will continue to communicate with stakeholders when registration is open for additional CI courses. Stakeholders may also continue to check the following website to sign up for trainings:</p> <p><a href="https://www.myodp.org/course/view.php?id=1073">https://www.myodp.org/course/view.php?id=1073</a></p>
<b>Q17. After an IM Representative becomes a CI, must they maintain their certification if they are not completing investigations?</b>	<p>Yes, once you are a department-certified investigator, you must maintain your certification. Please see the <a href="#">CI Manual</a> for information on recertification.</p>
<b>Q18. Can a peer review be an alternative to an administrative review?</b>	<p>No. A peer review and an administrative review are separate and distinct quality management practices for the management of investigations.</p> <p>A peer review is completed for a sample of investigations and involves the review of investigatory files by other CIs.</p>



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	<p>An administrative review is completed for each investigation to assess the quality of the investigation, reconcile and weigh evidence to make the final determination, and develop corrective actions that need to be implemented by the organization.</p> <p>For more information please review the Peer Review Manual and Administrative Review Manual found on myodp.org.</p>
<b>Q19. How many members need to be on an Administrative Review Committee?</b>	<p>Per page 7 of the Administrative Review Process Manual, “It is recommended to have two (2) to five (5) members on the Administrative Review committee. One member should be selected as the committee’s final decision-maker when consensus cannot be reached. The Certified Investigator who completed the investigation is not a member of the committee but serves as a consultant to answer questions about the investigation.”</p>
<b>Q20. Are both ID/A and AAW SCO Program/IM Managers required to become Certified Investigators?</b>	<p>Yes, this requirement applies to both ID/A and AAW SCO Program/ IM Managers.</p>
<b>Q21. Is ODP going to send out something in writing to SCOs to let them know what needs to be documented in an ISP and how to document it regarding alerting families of incidents?</b>	<p>ODP is in the process of creating a communication to inform SCOs of their new roles and responsibilities under the IM Bulletin. The document is slated to be sent out on or before July 1, 2021.</p>
<b>Q22. Do the primary categories of “Individual to Individual Abuse” and “Injury Requiring Treatment Beyond First” require an investigation starting 7/1/21?</b>	<p>Per ODP Announcement 21-039, in response to the current national healthcare workforce crisis effecting a majority of provider agencies within the ODP network, ODP will <b>not</b> be requiring incidents of “abuse to an individual by another individual” and “injury requiring treatment beyond first aid as a result of an accidental injury” to be investigated by a CI, in accordance with §6100.402 on July 1, 2021. ODP or County ID Program/Administrative Entity may require an investigation to be completed by a CI.</p>

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**Please note:** Individual-to-Individual abuse that involves sexual abuse, will still need to be reported in EIM as *Sexual Abuse* starting on July 1, 2021. There is no delay for reporting and investigating this type of abuse.

Additionally, the secondary categories of *verbal abuse* and *psychological abuse* have been combined; therefore “verbal” is no longer a secondary category listed in the EIM system.

ODP will provide notification six-months prior to when system changes will become effective that require these incidents to be investigated by a CI.

For additional guidance, see MyODP for Announcement 21-039, or contact your ODP Regional Office or [RA-impolicy@pa.gov](mailto:RA-impolicy@pa.gov).

### Enterprise Incident Management (EIM) System

#### QUESTION

#### ANSWER

**Q23. We were told that EIM will have changes beginning on July 1, 2021. What will happen if an incident was submitted before the EIM changes?**

Incidents will follow either the new or older workflow based on the date of incident report creation. Incidents that are created after July 1, 2021 will follow the new workflow and reflect the system changes. Incidents that are created prior to July 1, 2021 will follow the current workflow until an incident is closed.

**Q24. Will other fields in the EIM incident entry screens be changed in addition to categories?**

Yes, there are a number of other changes being made to EIM in order to decrease workload, increase data integrity, and increase protections for individuals.

There will be four trainings released to the field in June 2021 regarding the changes to EIM followed by Question and Answer (Q&A) sessions hosted by ODP staff. You can register for these trainings and Q&A sessions on the HCSIS Learning Management System (LMS):

[LMS Login](#)

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<p><b>Q25. What should I do if EIM is down and I have an incident to enter?</b></p>	<p>If EIM is not operational when an incident needs to be entered, the reporting entity must complete and send the DP 1081 (also known as EIM Contingency form) to the appropriate ODP entities (ODP regional office, BSASP office, County ID program/AE) in the most efficient mode possible. This can include electronic notification via a secure electronic notification, which is HIPAA compliant. Once the system is back online, it is expected that the reporting entity enter the incident into EIM within 24 hours.</p> <p>Please see Attachment 3 of the IM Bulletin for a copy of the DP 1081.</p>
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#### Training

QUESTION	ANSWER
<p><b>Q26. What does the bulletin mean by “competency-based training” when it says that providers and SCOs must ensure staff have, at minimum, orientation, and annual competency-based training?</b></p>	<p>Competency-based training is used for staff to demonstrate their understanding and knowledge of the content.</p> <p>ODP has provided extensive competency-based training on the Incident Management Bulletin found: <a href="https://www.myodp.org/course/view.php?id=1683">https://www.myodp.org/course/view.php?id=1683</a>.</p> <p>However, if the provider or SCO does not want to use this training, the provider or SCO may elect their own method of training that demonstrates the staff’s understanding of the content.</p>
<p><b>Q27. Is a provider required to use the Incident Management Training created by ODP?</b></p>	<p>While providers are encouraged to use ODP’s IM trainings to train their staff and meet annual training hours, they are not required to use these trainings. Providers may develop their own IM trainings, but should note that the quality of these trainings will be evaluated as part of the Quality Assessment and Improvement (QA&amp;I) process.</p>

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**Q28. Where can I find additional Incident Management Training?**

Additional trainings about incident management can be found on MyODP:

[MyODP: Incident Management/Risk Management](#)

(Use this following path: Intellectual Disability > Incident/Risk Management)

Additional trainings about new EIM functionality can be found on LMS:

[User Login \(state.pa.us\)](#)